

**EMPLOYER CERTIFICATION OF UNUSED ACCRUED CREDIT**  
**As of June 30, 1991 for Service Rendered Prior to June 30, 1991**

Employee Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
(Print or Type)

| TYPE OF CREDIT   | UNUSED ACCRUED CREDIT AS OF 6/30/91<br>FOR SERVICE RENDERED PRIOR TO 6/30/91 |
|--|--|
| Vacation   | _____ days**   |
| Sick   | _____ days**   |
| Holiday  | _____ days**   |
| Other*<br>_____<br>_____<br>_____                            | _____ days**<br>_____ days**<br>_____ days**                                 |
| <b>Total unused accrued credits,<br/>as of June 30, 1991</b> | _____ days**   |

\*Please identify each category specifically.

\*\*If time is accrued by hours, please convert to days.

**Employer Certification:**

The \_\_\_\_\_, certifies that the information  
provided  
(Name of Employer)

in this statement is true and complete to the best of our knowledge.

\_\_\_\_\_  
(Name and Title) (Authorized Signature) (Date Signed)

\_\_\_\_\_  
(Street) (City) (State) (Zip) (Employer Phone Number)